



Financial Aid and Scholarship Services Review Form Supplement

Academic Year

2021-2022

Student Information

Last name	First name	Middle I.	10-digit ASU ID	
Local street address	City	State	Zip code	Daytime phone number

Purpose

We have received your review form and determined that additional information is required in order to continue processing.

Please Note: If all documentation is not received within 14 business days, the processing of your review form will be delayed.

- This form will not be processed if any items are left blank or illegible.
- Please type or print clearly using blue or black ink only.
- If clarification of your situation is necessary, additional information or documentation may be required.

Instructions

1. Complete Section A and sign section B.
2. Include spouse's information if this form is a supplement to a **Student Income Reduction Review form** and you were married when you filed the FAFSA.
3. Include parent's information if this form is a supplement to a **Parent Review** form.
4. **This form will not be accepted without the requested documentation attached.** Check your ASU email account for specific documentation being requested.
5. **Submit this form** online by uploading to <https://students.asu.edu/forms/fa-submit-info>, mail to P.O. Box 870412, Tempe, AZ 85287-0412, or in person to any Financial Aid and Scholarship Services locations.

Section A: Supplemental Information

Check the reason(s) why this supplemental form is being submitted :

- | | | |
|--|--|--|
| <input type="checkbox"/> Signed and notarized personal letter | <input type="checkbox"/> W-2 | <input type="checkbox"/> Last paycheck stub |
| <input type="checkbox"/> Paid receipts (not billing statement) | <input type="checkbox"/> Letter from childcare provider | <input type="checkbox"/> Tax Return Transcript |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Divorce decree/legal separation paperwork | <input type="checkbox"/> Documentation requested by counselor (specify): |

Section B: Certification and Signature

By submitting this form, you certify that the submitted information is true and correct to the best of your knowledge and belief. If asked by an authorized official, you agree to provide additional proof of the information provided on this form. You understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Signature	Date form was signed
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If you need assistance completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.